

ECS/EMD Configuration Change Request

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Page(s)

1. Originator Elizabeth O. Ajayi	2. Log Date: 1/20/04	3. CCR #: 04-0042	4. Rev: —	5. Tel: (301) 925-0507	6. Rm #: 3000L	7. Org. DEV/DDM
8. CCR Title: Updating the Data Model Documentation with the OMI valid.						
9. Originator Signature/Date Elizabeth O. Ajayi /s/ 01/20/04			10. Class II	11. Type: CCR	12. Need Date: 01/29/2004	
13. CCR Sponsor Signature/Date Arthur Cohen /s/ 1/20/04			14. Category of Change: Update ECS/EMD Baseline Doc		15. Priority: (If "Emergency" fill in Block 27). Routine	
16. Documentation/Drawings Impacted (Review and submit checklist): 420-TP-023-001			17. Schedule Impact: None		18. CI(s) Affected: ESDT, SDSRV, and DDICT	
19. Release Affected by this Change: 6B		20. Date due to Customer: N/A		21. Estimated Cost: None - Under 100K		
22. Source Reference: <input checked="" type="checkbox"/> NCR (attach) <input type="checkbox"/> Action Item <input type="checkbox"/> Tech Ref. <input type="checkbox"/> GSFC <input type="checkbox"/> Other: ECSed38992						
23. Problem: (use additional Sheets if necessary) The following valid needs to be added to the Data Model Documentation: ECSVariableKeyword: "Formaldehyde"						
24. Proposed Solution: (use additional sheets if necessary) Request that DM post the attached sheet as an addendum to the 420-TP-023-001 on the EDHS server.						
25. Alternate Solution: (use additional sheets if necessary) N/A						
26. Consequences if Change(s) are not approved: (use additional sheets if necessary) The new valid will not be documented in the Data Model Documentation. The Documentation will be inconsistent with the implementation.						
27. Justification for Emergency (If Block 15 is "Emergency"): N/A						
28. Site(s) Affected: <input checked="" type="checkbox"/> EDF <input type="checkbox"/> PVC <input type="checkbox"/> VATC <input type="checkbox"/> EDC <input type="checkbox"/> GSFC <input type="checkbox"/> LaRC <input type="checkbox"/> NSIDC <input type="checkbox"/> SMC <input type="checkbox"/> AK <input type="checkbox"/> JPL <input type="checkbox"/> EOC <input type="checkbox"/> IDG Test Cell <input type="checkbox"/> Other						
29. Board Comments:			30. Work Assigned To:		31. CCR Closed Date:	
32. SCDV CCB Chair (Sign/Date): Byron V. Peters /s/ 1/22/04			Disposition: Approved App/Com. Disapproved Withdraw Fwd/ESDIS ERB Fwd/ECS			
33. EDF CCB Chair (Sign/Date):			Disposition: Approved App/Com. Disapproved Withdraw Fwd/ESDIS ERB Fwd/ECS			
34. ECS CCB Chair (Sign/Date):			Disposition: Approved App/Com. Disapproved Withdraw Fwd/ESDIS ERB Fwd/ESDIS			